

## **Instructions to Applicants applying for LEOFF-I Disability/Retirement Benefits**

To assist you in completing your application for LEOFF-I Disability/Retirement Benefits, complete the following forms:

### **KCDRB Form #1 and #2: Application for LEOFF-I Disability/Retirement Benefits.**

Form #1 is to be completed and signed by you, the LEOFF-I applicant; then submitted to your employer who will then complete Form #2--employer's section.

### **KCDRB Form #3: Statement of Physician-Provider.**

This is to be completed and signed by your treating physician. In lieu of this statement, a medical report letter from your treating physician may be submitted with your completed application. You must give your physician a description of your actual job duties of the position to which you are currently assigned.(\*). The physician's medical statement or report must include:

- a) A medical diagnostic description of the disability incurred and what effects it has upon your ability to perform the regular duties of your position with average efficiency.

(\*) Important--Member's Job Description. The medical statement must clearly show that your physician is familiar with your actual day-to-day duties and was made aware of the actual physical and mental requirements of the position to which you are currently assigned. If your attending physician has not been provided a copy of the member's job description (either written or verbal description) from the employee, it may affect a member's eligibility for disability-retirement benefits.

- b) A descriptive summary of prior and present treatment of your condition, and the results.
- c) Prognosis, including the date you can be expected to return to duty. {If it is helpful to your physician, you might give him a copy of this letter for his reference}.

SUBMIT ALL COMPLETED FORMS TO YOUR EMPLOYER, who must complete the Employer's Section--KCDRB #2. Your employer will then forward the completed forms and any attachments to the LEOFF-I Board office.

Per **WAC 415-105-040(2)**: "The burden of proving the existence of a disabling condition, and whether or not the condition was incurred in the line of duty, shall be upon the applicant."

(This local board holds jurisdiction in the line of duty status determination in a disability-retirement decision, which can not be appealed to the Director of Retirement Systems.)

Each application is deemed an application for LEOFF-I disability/retirement leave benefits and will be treated as such. Once an application for benefits is submitted to the board and becomes active, the board may require any applicant to be referred and medically examined by their selected physicians/specialists at any time, if a member's application or medical report information is insufficient or questionable.

If the board approves a member's continuous disability leave through the fourth to fifth month, the board will refer the member for a required medical examination by the board's selected physician/specialist for a final retirement evaluation and reviewed for retirement eligibility before the end of the sixth month.

If a member returns to duty before the end of six-months (from the date leave commenced) and does not wish to be considered for disability-retirement, a member must notify the LEOFF-I Board of his intent to return and return date or expected return date, authorized by his treating physician, in order not to be examined and considered for disability/retirement eligibility.

When a member's medical reports proves eligibility for disability/retirement and the board's selected physician's medical evaluation report supports a disability retirement, the local board will then decide if a member is found eligible to be granted LEOFF-I

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disability/retirement benefits. If a member is found eligible, this local board will then make their findings and decision by signature which is then submitted to the Washington State Department of Retirement Systems for their final affirmation. The WA State Retirement Systems makes the final determination whether to affirm, or to remand a local board's disability/retirement decision for further proceedings, or to order a reversal of such a decision. [RCW 41.26.120(3)]

To be placed for consideration at the next available Board meeting date, your employer must submit the completed forms to the Board office two weeks or ten days prior to the meeting. Items received later will be placed on the next available monthly meeting agenda scheduled. (It's best to have claim forms submitted by the end of each month as the board currently meets the second week of each month.)

Questions concerning completion of this application may be directed to the Board Clerk at (206) 263-6394. Questions concerning LEOFF-I pension benefits may be directed to the Washington State Department of Retirement Systems office in Olympia at toll free phone: 1 (800) 547-6657.